State of California
Department of Industrial Relations
Division of Apprenticeship Standards
www.dir.ca.gov/DAS/ElectricalTrade.htm
Electrician Certification Program

*REQUEST FOR **REPLACEMENT CERTIFICATION CARD***

*OR   REPORT OF **ADDRESS CHANGE***

Name: Last: _____ **Sfx:** _____ **First:** _____ **Initial:** ____

Name must match U. S. Drivers License or State ID:

Drivers License or State ID #: _____ **D/L State:** _____ **Birthdate:** ____ / ____ / _____

Please PRINT or type all information in INK   MM   DD   YYYY

Card #: E-_____ ___   E-_____ ___   E-_____ ___ (print affected card numbers)

Mailing Address: _____

City: _____   County: _____

State: _____   Zip: _____ - _____   E-Mail: _____

Day Phone: _____ / _____ - _____   Evening Phone: _____ / _____ - _____

Check one box Only:

1 ☐ *Address / phone change only (No name change) – Information is above – No new card – No fee*

2 ☐ Mistake / Misprint on card – Replace with changes indicated below – No fee if approved

3 ☐ Lost / Stolen card – Replace with duplicate – Fee is **$30.00 for each card**, payable as below

4 ☐ Name Change – Replace with new name below – Fee is **$30.00 for each card**, payable as below

Name on card is wrong – Correct / New name is: _____

Certificate start or end date(s) wrong – Should be: _____

☐ Also check this box if Address has changed (for boxes 2, 3, 4)

Note - You also need to attach to this request:

If box 1 is checked, just sign, date, and mail this form.

If box 2 or 4 is checked, attach the current card(s) with the incorrect information.

If box 3 or 4 is checked, attach payment totaling **$30 for each card** (non-refundable).

I certify under penalty of perjury that all statements and attachments are true and correct.

Signature: _____   Date: _____

Submit form with **original** signature and keep a copy for your records.

Incomplete or inaccurately paid requests will NOT be approved.

Exact payment by check or money order must be payable to 'DIR – Electrician Certification Fund'.

Mail this completed form with all required attachments to:

Division of Apprenticeship Standards
Attn: Electrician Certification Unit
PO Box 420603
San Francisco, CA 94142-0603

(*For Office Use*) Approved by: _____   Date: _____   Form DAS-ECF2 (03/2007)